## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF CO	ORPORATION:	s	Secretary	of State
DOCUMENT # H65971 (4) 1. Corporation Name (4)					~ CCI CCCC j	
PORT OF THE ISLANDS REALTY, INC.						AL BINGS BARAK NANAK MENEK MAREL ANDI
Discharge Pres	- A Duran -	14-10- A-20-				
Principal Plac		Mailing Address 253 SUNRISE CAY				
<b>#102 #102</b>					DO NOT WRITE IN T	THIS SDACE
NAPLES FL 34114 NAPLES FL 34114 US US				F	3. Date Incorporated or Qualified	IFIG SPACE
		12			07/11/1985	
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 59-2565607	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired	\$8.75 Additional
22						Fee Required
23	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country   Zip   Country   25   29   30				8. This corporation owes or has paid th	
24	9. Name and Address of Current		30	_ <del></del>	Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No ered Agent
MA	RY MARNELL, ESQ		81 N	lame		
RUDEN, MCCLOSKEY			<b>82</b> S	Street Address	(P.O. Box Number is Not Acceptable)	
5811 PELICAN BAY BLVD, STE 210 NALES FL 33963			83			
IVA	LEG FL 00300		84 C	City	·····	85 Zip Code
				Ť		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	m ramiliar with, and accept the obligat	lions or, Section 607.0505, Flori	iga Statutes.			}
	Signature, typed or printed hame of registered agent		Registered Agent st	gnature required w		ATE
12.	PSTD OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BARNARD, THOMAS L		1,2 NAME			
STREET ADDRESS	253 SUNRISE CAY #102		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP			
TITLE	Đ	☐ DELETE	2.1 TITLE			Change Addition
NAME	HARDY, ROBERT S		2.2 NAME			
STREET ADORESS	253 SUNRISE CAY #102		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		<u> </u>	Change Addition
NAME			3.2 NAME			C crande C vocation
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE 4.1 TITLE				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADD	RESS		
CITY-ST-ZIP			4.4 CITY - ST - ZI	P		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZII 6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	RESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIE	j		
14. I hereby o	ertify that the information supplied with	this fling does not qualify for	the exemption	stated in Sec	tion 119.07(3)(i), Florida Statutes. I furth	er certify that the information

Il report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

**FILED** 

Jan 23 1998 8:00am